CLAIMS AS FILED - PART I (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS	FEE 740.00 234 /68 THAN
FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS 32 minus 20= 1/3 INDEPENDENT CLAIMS	740.00 234 /68 THAN ENTITY ADDITIONAL
TOTAL CHARGEABLE CLAIMS 32 minus 20	234 /68 THAN ENTITY ADDI- TIONAL
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT	THAN ENTITY ADDITIONAL
MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRIOFOR AMENDMENT PRIOFOR PREVIOUSLY PRIOFOR AMENDMENT PRIOFOR SMALL ENTITY Total Total Total Minus TOTAL OR TOTAL OTHER OR SMALL ENTITY RATE RATE RATE PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL OR X\$18= OR X\$4= OR X\$4= TOTAL OR ADDITATIONAL FEE OR X\$4= TOTAL OR ADDITATIONAL FEE OR X\$4= TOTAL OR TOTA	THAN ENTITY ADDITIONAL
MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT PAID FOR PREVIOUSLY PAID FOR PAID	THAN ENTITY ADDI- TIONAL
CLAIMS AS AMENDED - PART II (Column 1) COlumn 2) COlumn 3) TOTAL OR TOTAL OTHER SMALL ENTITY OR STANDARD OR STANDA	ADDI- TIONAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT AMENDMENT Total Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM CCOlumn 1) (Column 2) (Column 3) CLAIMS AFTER AMENDMENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total CCOlumn 1) (Column 2) (Column 3) CLAIMS AFTER AMENDMENT PREVIOUSLY PAID FOR ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS AFTER AMENDMENT PREVIOUSLY PAID FOR AFTER AMENDMENT PREVIOUSLY PAID FOR ATTER AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT. FEE OR X84= ADDIT. FEE OR X84= TOTAL FEE OR X84= OR X84= TOTAL ADDIT. FEE OR TOTAL AD	ADDI- TIONAL
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REMAINING AFTER AMENDMENT PAID FOR TOTAL ADDIT. FEE Column 1	TIONAL
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CLAIMS HIGHEST	
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Total * 6 Minus - 33 = - X\$ 9= 1 OR X\$18=	
Independent * / Minus 5 = X42= OR X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	
"If the "Highest Number Previously Paid For" iN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

Application or Docket Number